

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

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TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 401 RAILROAD AVENUE
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ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

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FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER, UPSTREAM
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	deg C		Quarterly	GRAB
Flow rate	SAMPLE MEASUREMENT	*****	NODI 9		*****	*****	*****	*****			
00056 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. QTR MAX	MGD	*****	*****	*****	*****		Quarterly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	SU		Quarterly	GRAB
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Q = Surface Water Monitoring for all parameters under this report designator must start six months after the effective date of the permit. The permittee must conduct surface water monitoring in each calendar quarter of the year. Results must be reported on the DMR.

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LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.5	*****		*****	8.5	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	121.5	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.6	*****		*****	13.5	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		*****		*****	13.5	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.9	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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LOCATION: 401 RAILROAD AVENUE
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ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
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MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	7.5	*****		*****	20.6	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20.3				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.291				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.291				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	200.4	980				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.19		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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PEND OREILLE RIVER
External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.05	*****		*****	.055	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.05	*****		*****	.09	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	93.5	*****			Monthly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	95	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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12/01/2015	12/31/2015

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(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	14				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13.2	*****		*****	8.1	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	105	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	21.3	*****		*****	9.2	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	28.4	*****		*****	17.4	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	133.6	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	7.2	*****		*****	4.4	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.1				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.1				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.93				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.025	179				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	196		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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PRIEST RIVER, ID 83856
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PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.16	*****		*****	.1	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.38	*****		*****	.23	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	92	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	87	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ID0020800	002-A
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MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ID0020800	002-A
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MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
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ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	11				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11.2	*****		*****	6.7	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	77.5	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13.6	*****		*****	8.1	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	23.5	*****		*****	14	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	175.25	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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ID0020800	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	25	*****		*****	10.6	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.65				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20.9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.02				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.967	11.5				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	201		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.15	*****		*****	.09	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.3	*****		*****	.18	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	91	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	92	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
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PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****		10				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.7	*****		*****	5.65	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	76	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	27.8	*****		*****	4.5	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.1			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.5	*****		*****	13.5	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	156.75	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	27.8	*****		*****	4.5	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.352				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.906				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.36				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.14	100.1			Daily	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.185		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.17	*****		*****	.38	*****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.6	*****		*****	.11	*****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	90	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	91	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

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W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	02/29/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER, UPSTREAM
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	deg C		Quarterly	GRAB
Flow rate	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
00056 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. QTR MAX	MGD	*****	*****	*****	*****		Quarterly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	SU		Quarterly	GRAB
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Q = Surface Water Monitoring for all parameters under this report designator must start six months after the effective date of the permit. The permittee must conduct surface water monitoring in each calendar quarter of the year. Results must be reported on the DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	12				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16	*****		*****	9	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	85	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	36	*****		*****	20.4	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	17	*****		*****	10	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	131	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	31	*****		*****	18	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.58				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.2				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.63				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.85	140			Weekdays	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.209		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.1	*****		*****	.1	*****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.17	*****		*****	.1	*****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	89	*****			Weekly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	92	*****			Weekly	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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MONITORING PERIOD	
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03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.7					
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32.8	*****		*****	6.5	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	119.9	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	40.9	*****		*****	8.1	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.2			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	92.8	*****		*****	18.4	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	164.2	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
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W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	146.3	*****		*****	29	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23.5				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.115				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.08				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	30.96	246			Daily	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Daily	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.178		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
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PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.1	*****		*****	.1	*****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.08	*****		*****	.11	*****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	93	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	89	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Daily	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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O = Chlorine monitoring is only required when the back-up chlorination system is used.
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
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FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
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ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 I 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 I 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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DISCHARGE MONITORING REPORT (DMR)

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ID0020800	002-A
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04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16	18				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.3	*****		*****	5.8	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	111.4	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9	*****		*****	6.3	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	38.5	*****		*****	27	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	299.75	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	47.1	*****		*****	33	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.318				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.246				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.37				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.99	75.4				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.171		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.05	*****		*****	.07	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.09	*****		*****	.13	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	95	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	91	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER, UPSTREAM
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	deg C		Quarterly	GRAB
Flow rate	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
00056 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. QTR MAX	MGD	*****	*****	*****	*****		Quarterly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	SU		Quarterly	GRAB
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Q = Surface Water Monitoring for all parameters under this report designator must start six months after the effective date of the permit. The permittee must conduct surface water monitoring in each calendar quarter of the year. Results must be reported on the DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		*****		*****		*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		*****		*****		*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		*****		*****		*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: 401 RAILROAD AVE
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PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	40.4	*****		*****	25	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.348				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.204				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.02				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	34.44	172				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	5.824		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.21	*****		*****	.13	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.22	*****		*****	.14	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	92	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	93	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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ID0020800	002-A
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MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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LOCATION: 401 RAILROAD AVENUE
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ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	21				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.7	*****		*****	3.6	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	58.9	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	62.1	*****		*****	39	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	45.2	*****		*****	28.4	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	322.6	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	62.1	*****		*****	39	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI B				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.272				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.95				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI B	2				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.191		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.19	*****		*****	.12	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.16	*****		*****	.25	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	94	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	91	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ID0020800	002-A
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MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI E	*****		*****	NODI E	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI E	*****		*****	NODI E	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI E	*****	NODI E				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI E	*****		*****	NODI E	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI E	*****		*****	NODI E	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	NODI E				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI E		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI E		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI E	*****		*****	NODI E	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI E	*****		*****	NODI E	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI E		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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